_			_													_	
	Fai	led _	Closed   IHH	State of Maine H					_	ectio	n Report	[	•		age 1 of	4	
	_ 1_ 1:_	. L		<del> -</del>	ritic								0	Date	<u> </u>	<u> 201</u>	
	CDEALERO CHACK CHACK & VARIETY						Non-Critical Violations Certified Food Protec							Time		0 AN	
						City			otec				Υ		· · · · · · · · · · · · · · · · · · ·	IU AII	
					LEWISTO					Zip Code					phone		
10/9/2019 / 7156 29 SPRUCE ST					+-					04240-731 License Post		$\overline{}$	-786-2529				
License Type Owner Name						1 .			e of Inspection					Risk Catego	ry		
MUN - EATING PLACE SPEAKER, WILLIAM & F					l -				-		Yes						
			FOOI	BORNE ILLNESS RISK FAC	CTO	RS	AN	D F	PUI	BLIC HE	ALTH INTER	VENTIONS					
	<u></u>	irala danim	noted compliance status	(IN OUT N/O N/A) for each number	od it					Mo	rk"V" in annronr	iata hay far C	OS 00	d/or E	,		
		in complian	•	(IN, OUT, N/O, N/A) for each number nce N/O=not observed N/A=no			مام				rk"X" in appropr corrected on-site				<b>1</b> repeat violati	on	
	1111-			nice 14/0=110t observed 14/A=110			1					uuring mapecu		11-1	repeat violati		_
Compliance Status						Compliance Status						-4		cos	s R		
DIC present demonstr				Supervision rates knowledge, and			16	Potentially Hazardous Food Time/Temperatures  IN Proper cooking time & temperatures						$\overline{}$	┰		
1		IN	performs duties	ates knowledge, and			17			IN	Proper reheating				ldina		+
			Empl	loyee Health			18	_		IN	Proper cooling	<u> </u>			9		十
2		IN	Management awarenes			Ш	19	_		IN	Proper hot hold						十
3		IN		g, restriction & exclusion		Щ	20	—		IN	Proper cold ho					$\top$	$\top$
4		IN		jienic Practices drinking, or tobacco use	T		21	1		IN	Proper date ma						Τ
5		IN	No discharge from eye		土	Ħ	22	2		IN	Time as a publi	c health cont	rol: pro	ocedu	ıres & recoi	ď	
			Preventing Conta	mination by Hands							Consur	ner Advisory					
6		IN	Hands clean & properly	y washed			23	,		IN	Consumer advi		d for ra	w or			
7		IN	No bare hand contact v	vith RTE foods or approved				1	_	IIN	undercooked fo						_
Ш		IIN	alternate method prope	erly followed		Ш					Highly Susce						4
8		IN	Adequate handwashing	g facilities supplied & accessible		Ш	24	1		IN	Pasteurized for	ods used; pro	hibited	food	ls not		
			Approv	red Source				-			offered	Chamical					_
9		IN	Food obtained from ap	proved source		Ш	25			IN		Chemical			- d	$\overline{}$	┯
10		IN	Food received at prope	er temperature		Ш	26				Food additives:					+	┿
11		IN	Food in good condition	, safe, & unadulterated		Ш		1_		IN O-	Toxic substanc			•	orea & usea		_
12		IN	Required records avail	able: shellstock tags				_		Co	nformance with					_	┯
		\	parasite destruction			Щ	27	7		IN	Compliance wit	th variance, s	pecial	ized p	orocess,		
_			Protection from Contamination				L				& HACCP plan						
13		IN	Food separated & protected			Ш	Risk Factors are improper practices or procedures identified as the most						:				
14		IN	IN Food-contact surfaces: cleaned and sanitized					р	reva	alent contrib	outing factors of f	oodborne illnes	ss or ir	njury. F	Public Health		
Proper disposition of returned, previously served, reconditioned, & unsafe food								Interventions are control measures to prevent foodborne illness or injury.									
				GOOD R	ET/	IL I	PR/	AC	TIC	ES							
			Good Retail Practices are	preventative measures to control the a	additio	n of	path	oge	ens,	chemicals,	and physical obje	cts into foods.					
Mar	rk "X	" in box if n	umbered item is not in com	ipliance Mark "X" in appropriate	box f	or C0	OS a	ınd/	or R	COS:	corrected on-site	during inspec	tion	R=re	epeat violatio	n	
					cos	R										cos	S R
Safe Food and Water							Proper Use of Utensils								_		
28 IN Pasteurized eggs used where required						П	1-	1   IN	ı Lı	n 1100 11ton							
29	_		asteurized eggs used where required  /ater & ice from approved source				42	-	+		sils: properly sto juipment, & liner		torod	dried	l 0 handlad		+
-	-		a ice from approved source			H	43	-	_								+
30	30   N   Variance obtained for specialized processing methods  Food Temperature Control						44	_	_	Sloves used	& single-service	arucies: pro	Jerly S	roi ed	x used	+	+
	$\overline{}$	Proper co	oling methods used; ade				-	7   111	, ,		Utensils, Equipr	nent and Ven	dina				_
31	IIV I	temperatu	-	quate equipment ioi				T	Te		-food contact su					T	T
32	_	•		holdina	+	Н	45	5 N	v I		signed, constru						
33	-		ood properly cooked for hot holding			Н	46	6 IN	÷				ined 8	LISO,	d: test string	$\top$	T
-	_	Approved thawing methods used Thermometers provided and accurate				H	46 IN Warewashing facilities: installed, maintained, & used; test strips  47 IN Non-food contact surfaces clean						<u> </u>	+			
								-	<u>,                                    </u>	1011-1000 00		al Facilities					$\perp$
Food Identification  35   IN   Food properly labeled; original container						П	48	вІп	JL	lot & cold v	water available;		ecuro			$\overline{}$	┰
Prevention of Food Contamination					_		49	-	_		stalled; proper l					+	+
36	INI T	Insacts ro			Т	П	50	_	- 1		vaste water proj					+	+
36  N   Insects, rodents, & animals not present 37  N   Contamination prevented during food preparation, storage & display						Н	51	-	+		ies: properly co			& al-	eaned	+	+
-	-	<del>-</del>					-	_	-				-			+	+
-	38 IN Personal cleanliness 39 IN Wiping cloths: properly used & stored					Н	52   N   Garbage & refuse properly disposed; facilities maintained						+				
40 IN Washing fruits & vegetables				+	Н	53   N   Physical facilities installed, maintained, & clean   54   N   Adequate ventilation & lighting; designated areas used						+					
70	4	rrasınıy II	una a vegetables	at a last		ш	L	* [ III'	•   *	wednate A	chulauon & light	ıy, uesiyildi	.cu ai e	. ผง นร	,cu		—
Pers	son i	n Charge (	Signature)	HANNE FRANCE								Date:	9/9/20	19			
	Person in Charge (Signature)  Health Inspector (Signature)  LOUIS LACHANCE																
		_ACHANCE	= :	Jours // Jack	m	1				Follow-u	ıp: YES	<b>√</b> NO Da	ate of F	ollow	v-up:		

	Page 2 of 4									
Establishment Name SPEAKERS SNACK SHACK & VARI	ETY		As Authorized b	Date 9/9/2019						
License Expiry Date/EST. ID# 10/9/2019 / 7156	Address 29 SPRUCE ST		City / State LEWISTON	/ <b>ME</b>	Zip Code 04240-7319	Telephone 207-786-2529				
Temperature Observations										
Location	Temperature			Notes						

Person in Charge (Signature)

Health Inspector (Signature) LOUIS LACHANCE



Date: 9/9/2019

# **State of Maine Health Inspection Report**

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Date 9/9/2019

Establishment Name

**SPEAKERS SNACK SHACK & VARIETY** 

License Expiry Date/EST. ID# 10/9/2019 /7156

Address 29 SPRUCE ST City / State LEWISTON

ME

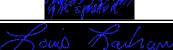
Zip Code 04240-7319

# **Observations and Corrective Actions**

Violations cited in this report must be corrected within the time frames below, or as stated in sections 8-405.11 and 8-406.11 of the Food Code

Person in Charge (Signature)

Health Inspector (Signature) LOUIS LACHANCE



Date: 9/9/2019

#### State of Maine Health Inspection Report Page 4 of 4 9/9/2019 Date **Establishment Name SPEAKERS SNACK SHACK & VARIETY** License Expiry Date/EST. ID# **Address** Zip Code City / State 29 SPRUCE ST 10/9/2019 /7156 LEWISTON ME 04240-7319

# **Inspection Notes**

\*\*SPECIAL INVESTIGATION to determine if the IHH associated with a cockroach infestation could be lifted. Multiple dead roaches observed, a decomposed mouse under kitchen equipment and an overall lack of cleaning and disenfecting will hold the IHH in place. Hired 3rd party disenfectant cleaning company did not appear to fullfill required work to be done to satisfy inspector. Pictures of dead roaches dead mouse and unclean physical facilities are documented.

## Certified Food Protection Manager:

Unless directed otherwise, all Eating Establishments are required to submit a copy of their Certified Food Protection Manager (CFPM) certificate. A CFPM must be hired at the time of a new eating establishment opening or within 60 days of when a CFPM leaves employment. For a list of CFPM courses and trainers go to

http://www.maine.gov/healthinspection/training.htm

Please provide a copy of this certification(s) to Carol Gott, Health Inspection Program, 286 Water St. 3rd Floor, Augusta, ME 04333, carol.gott@maine.gov or faxing to 207-287-3165.

Please include the name of your establishment and the establishment ID# with your certification(s).

## Employee Health Policy:

The Health Inspection Program has implemented an educational public health initiative on Employee Health on March 1, 2017. The policy handouts will be provided to you by your inspector and reviewed during inspection for compliance. They are also available on the Program's website: http://www.maine.gov/healthinspection

## 2013 Maine Food Code Adoption:

The Maine Food Code was adopted in October of 2013. Please refer to our website for a copy,

http://www.maine.gov/healthinspection. Following are a few of the major changes: \* No Bare Hand Contact with Ready-To-Eat Food. \* Establishments must have clean-up procedures for employees to follow following vomiting and diarrheal events. \* Date marking of Ready-to-eat potentially hazardous foods.

#### Violation Correction Timeframe:

Critical violations should be corrected on site, but in any event, within 10 days. The licensee must contact Louis Lachance when the critical violation has been addressed at 207-513-3125 extension 3224 or at llachance@lewistonmaine.gov. Non-critical violations must be corrected within 30 days. Failure to satisfactorily correct these violations before the follow-up inspection may result in enforcement proceedings by the Department to include fines and penalties. License renewals can be denied if violations are not corrected within the noted timeframes.

#### C= Critical violation and NC= Non-critical violation:

"Critical violation" means a provision of the Food Code that, if in non-compliance, is more likely than other violations to contribute to food contamination, illness or environmental health hazard.

#### Additional Inspection Fee:

License fees provide for two inspections per year. When additional inspections are required, the Department may charge an additional \$100 fee to cover the costs of each additional inspection or visit.

## Document Retention/Posting:

Pursuant to the Maine Food Code, the establishment's current license must be displayed. In addition, a sign or placard must be posted in a conspicuous area notifying consumers that a copy of the most recent inspection report is available upon request. CFPM certificates must be posted in a conspicuous area and must be available to the Department upon request.

Person in Charge (Signature)

Health Inspector (Signature)

LOUIS LACHANCE

Date: 9/9/2019

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